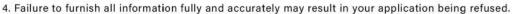




NORTHERN CAPE PREMIER'S BURSARY PROGRAMME APPLICATION FORM 2026

INSTRUCTIONS:

- 1. Read carefully before completing, signing or submitting this form.
- Please note that the information furnished by you in this application form is personal
 information as defined in the Protection of Personal Information Act 4 of 2013.
 By completing and submitting the application form you consent to the collection and
 processing of your personal information.
- 3. You may at any time withdraw your consent, but this will invalidate your application. Your personal information will be used only for legitimate purposes and will only be disclosed to NC PBP staff to the extent necessary for the proper performance of their functions. Your personal information may be stored for historical reasons, marketing, research and statistical purposes.



- 5. This form must be completed full, with black ink and certified copies of the documents listed in Annexure A should be provided. Certified copies must not be older than 6 months.
- 6. This bursary shall not be utilised for historic/current study debt.
- It is important to note that any misrepresentation of/failure to disclose information shall result in immediate disqualification of application and or the bursary, if granted, will be terminated.
- 8. It is expected of the applicant to disclose the outcomes of any other bursary/loan/co-funding applications.
- Please note that the submission of this application form, duly completed, as well as compliance with the
 requirements for admission to accredited higher education institutions is no guarantee that your bursary application
 will be successful.

CRITERIA:

- a) The application form must be duly signed.
- b) The bursary covers undergraduate studies/first qualification only.
- c) In order for a learner to qualify for a bursary, he /she must be accepted at an accredited Higher Education Institution.
- d) Incomplete application forms or applications with insufficient information, according to the checklist, shall be disqualified.
- e) Application forms must be hand delivered to T&I Office Building, 69 Memorial Road, Monument Heights, KIMBERLEY or emailed to BursAdmin@ncpetf.onmicrosoft.com
- f) Closing date for ALL applications is Friday, 31 October 2025.
- g) Late applications will not be considered.

NOTE:

- 1. It is the responsibility of the student to ensure the following are adhered to:
 - a) ALL listed items as contained in the Checklist Annexure A, are attached to the Application Form.

SECTION A - PERSONAL DETAILS OF THE APPLICANT

Surname								
Full names								
Date of birth				,	Age			
Place of birth								
Identity number								

SA Citizenship	Yes	T			No			
Gender	Male	Ť			Femo	ale		
Race	African	1 1	Coloured		Indian		White	
Do you have a disability	Yes		No	If Ye	s, specif	y & atta	ch medic	al proof
Residential address with postal code								
Postal address with postal code								
Telephone numbers with dialling codes	Cellular:				Whats	App nur	nber:	
District	Frances Baa	·d J	T Gaetsewe	Pixley k	(a Seme	Namaky	va ZI	Mgcawu
Marital status	Single:		Married:		Divorce	d:	Widow/	Widower
Email address								
Alternative email address								
Have you ever been found guilty of a criminal offence?	No		Yes	If yes	s, specify	/		
Are you fulltime employed?	No		Yes	If yes	s, provid	e emplo	yer's det	ails
Are you part time/ contract employed?	No		Yes	If ye	s, provid	e emplo	yer's det	ails
Occupation								
*Attach cer	tified copy (entity docu attached A			ed inforr	nation	

SECTION B - HIGH SCHOOL INFORMATION

Name of school	
School address	
Province	
Grade	

oject:	Percentage:	Subject:	Percentage:
oject:	Percentage:	Subject:	Percentage:
	Attach certified	Attach certified proof of lates	Attach certified proof of latest results

SECTION C - POST MATRIC RESULTS/ENROLLED STUDENT

Higher Education Institution						
Institution Contact Details						
Nature of Qualification	Diploma	lst [Degre	e	2nd	Degree (Other)
Course Details eg. (Diploma in Retail Management)						
Current Status (indicate whether you are an existing student/or previous registration with other tertiary institutions)						
Student number						
Year of study in 2026						
Modules registered	lst Year	2nd Year		3rd Year		4th Year
	List modules	List modu	les	List modul	es	List modules

*Attach c	ertified full acade	emic record (See	attached Annexu	re)

SECTION D - INTENDED FIELD OF STUDY FOR 2026 ACADEMIC YEAR

Option 1: Institution			
Course Details			
Option 2: Institution			
Course Details			
Option 3: Institution			
Course Details			
Did you apply for	Yes	No	If yes, provide details
any other funding?			
Are you receiving any other form of	Yes	No	If yes, provide details
financial assistance /bursary/loan/ co-funding?			
*Atta the insti	ch proof of re tution and rela	gistration & ated informa	tax invoice/quotation from tion (See attached Annexure)

SECTION E - PERSONAL DETAILS OF PARENT/GUARDIAN/NEXT OF KIN/SPOUSE

Parent 1/Guardian/ Next of Kin/Spouse	Proof of guardianship must be attached
Surname	
Full names	

		_	_							_	
Identity number											
Relationship to student											
Residential Address with postal code											
Postal address & code											
Employer details											
Job title											
Annual Income											
Telephone numbers with dialling codes											
Email address											
Parent 2/Guardian/ Next of Kin/Spouse	Pro	of of	guar	dians	hip m	ust be	e atta	ched			
Surname											
Full names											
Identity number											
Relationship to student											
Residential Address with postal code											
Postal address & code											
Employer details											
Job title											
Annual Income											
Telephone numbers with dialling codes											

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*Attach certified ID documents; proof of income of both parents/guardians/ next of kin/spouse and related information (see attached Annexure)

SECTION F - DECLARATION BY APPLICANT

TION 1 - DECEMBATION BY ATTEIOANT
I, (full name & surname), hereby declare that ALL information provided in this Application is complete and factual.
I acknowledge that any misrepresentation of information and or failure to disclose information will lead to my application being rejected.
By submitting this application, I give consent to the Office of the Premier, through the Northern Cape Premier's Bursary Programme, to do a background verification and financial check on my parent(s)/guardian(s)/next of kin(s)/spouse and myself.
Full Name: Date:
Signature of Parent/Guardian if applicant is a minor: